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Effective October 1, 2001

Application or Docket Number

10037299

CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15				[RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	/5 min	us 20=	* O			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	2 mir	nus 3 =	* 0			X42=		OR	X84=	7.5	
MU	LTIPLE DEPEN	DENT CLAIM PI	PRESENT				+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column						column 2	ı	TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THE SMALL ENTITY OR SMALL EN						
	(Column 1)				HEST	(Column 3)	۳ı	7	ADDI-	, 		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
\ME	Independent	*	Minus	***		=		X42=		OR	X84=		
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		ן נ	+140=		OR	+280=		
		٠						TOTAL		OR	TOTAL ADDIT. FEE		
	ADDIT. FEE OF ADDIT. FEE (Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		<u> </u>		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ַ נ	+140=		OR			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	•	(Coli	umn 2)	(Column 3)		AUDII. FEE			ADDIT, FEE	-	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM E	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
MEN	Independent	*	Minus	***		=		X42=		1	V04	 	
	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDE	NT CLAIN	и 🔲		<u>``-</u>		OR		1	
			Ale a mode a line a		:ito "0" :	polump 2		+140=		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
"	rit the "Highest Ni "He Highest Nu	umber Previously mber Previously P	raid For IN IF	nr Indenei	L is iess li adent) is ti	ne highest numb	ber fo	ound in the ac	propriate bo	ox in c	olumn 1.		